FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

10617	35
	OMB APPROVAL
COMMISSION	OMB Number: 3235-0076
9	Expires: August 31, 1998
	Estimated average burden
	hours per response 16.00

SEC USE ONLY							
Prefix	Serial						
DATE RE	CEIVED						

Name of Offering ( check i	<del></del>				
•	f this is an amendmen	it and name has ch	nanged, and inc	dicate change.)	
Filing Under (Check box(es) that	t apply):   Rule 5	04 🛘 Rule 505	□X Rule 506	☐ Section 4(6)	☐ ULOE
Type of Filing: Dew Filing	□ Amendment				
	A. BA	SIC IDENTIFICA	ATION DATA	······································	
1. Enter the information request	ed about the issuer		1 1	* *	
Name of Issuer (□ check if the Maier Resources,		nd name has chan	ged, and indica	ite change.)	DET 07 2002
Address of Executive Offices	(Number an	d Street, City, Sta	te, Zip Code)	Telephone Number	er (Including Area Code)
914 Main Dunca	an, OK 7353	3		405-879-6	757
Address of Principal Business Of (if different from Executive Office)	perations (Number an	d Street, City, Sta	te, Zip Code)	Telephone Number	er (Including Area Code)
Brief Description of Business  Re-complete a	and operate 1	Tracy #1			PROCESS
Type of Business Organization  Grouporation	☐ limited partners	• • • • • • • • • • • • • • • • • • • •	:d 3	other (please sp	CCI 0 9 200 CCI S Fract <b>THOMSO</b> N
☐ business trust	☐ limited partners	hip, to be form	und	livided int	terest of MANCIAL
Actual or Estimated Date of Inco	•	Month ation: 1_0_ wo-letter U.S. Pos	Year in	Tracy #1 N	Well timated

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Cenversely, failure to file the appropriate federal notice will not result in a loss of an available state exemptidaluities such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
the information requested for the following:	<u> </u>
ach promoter of the issuer, if the issuer has been organized within the past five years;	
ach beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class	of court

2. Enter the information requested for the following:		•
Each promoter of the issuer, if the issuer has been organized within the past fi		
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or securities of the issuer;</li> </ul>		
<ul> <li>Each executive officer and director of corporate issuers and of corporate general</li> </ul>	and managing par	tners of partnership issuers: a
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>		, -
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Off	ficer 🖒 Directo	r
Full Name (Last name first, if individual)		
Maier, John Business or Residence Address (Number and Street, City, State, Zip Code)		
914½ Main, Duncan, OK 73533	* ;	
	(7.D)	
	icer 🗆 Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
	• • • • • • • • • • • • • • • • • • •	<u> «</u>
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Office	cer 🛘 Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		·
Check Box(cs) that Apply:   Promoter   Beneficial Owner   Executive Office	er 🗆 Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Office	r 🗆 Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer	☐ Director	☐ General and/or Managing Partner
ull Name (Last name first, if individual)		
Susiness or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer	☐ Director 【	☐ General and/or Managing Partner
ull Name (Last name first, if individual)		

Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			1,8	ware B. 1	NFORMA	TION AB	OUT OFF	ERING					
l. Has	the issuer	sold, or d	oes the iss	uer intend	to sell, to	non-accre	dited inve	stors in th	is offering	?		Yes	No ⊠
		·					ın 2, if fili		=			_	_
2. Wha	it is the mi	inimum in										<b>,</b> 5,	,000
									•••••			Yes	No
3. Doe:	s the offeri	ing permit	joint own	ership of	a single un	it?						<u>À</u>	
sion to be list t	or the inform or similar relisted is a the name o ealer, you	remunerati n associati f the brok	on for soli ed person ( er or deale	citation of or agent of r. If more	purchasers f a broker than five	s in connect or dealer r (5) person	tion with s registered v s to be list	ales of sectivith the SI are asso	urities in th C and/or	e offering, with a sta	If a perso te or state	on es,	
Full Nam	e (Last nar	me first, if	individua	1)									
٠		_											
Business	or Residence	ce Address	(Number	and Stree	t, City, Sta	ate, Zip C	ode)						
				*									
Name of	Associated	Broker or	r Dealer		<del></del>				· · · · · · · · · · · · · · · · · · ·				
,				•									
States in	Which Per	con Listed	Has Salia	ired or In	ends to Sa	olicie Dural	hacara						
	"All State											₽7 A15	· •
-								(DC)				□ All:	
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	{ DE } [MD}	[DC] [MA]	[ FL ] [ MI ]	[GA] [MN]	[ HI ] [MS]	[ ID [MO]	
[MT]	[NE]	[NV]	[NH]	[ [ [ [ N	(NM)	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]	-
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	{VT}	[VA]	[WA]	[wv]	[WI]	[WY]	[PR	-
	e (Last nar or Resident				t, City, Sta	ate, Zip Co	ode)			· .	· · · · · · · · · · · · · · · · · · ·		
Name of	Associated	Broker or	Dealer										
States in	Which Per	son Listed	Has Solic	ited or Int	ends to Sc	olicit Purch	nasers	<del></del>	<del></del>				
	"All State							. <b></b>				□ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[ HI ]	[ ID	
[ IL ]	[ IN ]	[ [A ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[MO]	i
[MT]	[NE]	[NV]	[NH]	[NJ]	(MM)	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[ R1 ]	[ SC ]	[ SD ]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Nam	e (Last nar	ne first, if	individual	)			•				•		
			·				·		· .				
Business of	or Residence	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)						
											-		
Name of	Associated	Broker or	Dealer										
States in	Which Pers	son Listed	Has Solici	ted or Int	ends to So	licit Purch	asers		· · · · · · · · · · · · · · · · · · ·				
•	"All State											☐ All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ID ]	
[ IL ]	[ IN ]	[ IA ]	[ KS ]	[KY]	[LA]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[ NJ ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[ RI ]	[ SC ]	[ SD ]	[TN]	[TX]	[UT]	[ VT ]	[ VA ]	[WA]	[WV]	( WI ]	{WY}	[PR]	

(	OFFERING PRICE,	NUMBER	OF INVESTORS.	EXPENSES	AND USE	OF PROCEEDS

i	. Enter the aggregate offering price of securities included in this offering and the total amoun already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	_ S
	Equity	S	
	☐ Common ☐ Preferred	•	
	Convertible Securities (including warrants)	s	S
	Partnership Interests	\$	. S
	Other (Specify Fractional undivided) interestin.		5
	Total Tracy #1 Well		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregatë
	purchases on the total mies. Enter o manswer is none of zero.	Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		s <u>-0-</u>
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		·
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		<b>_</b>
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	S
	Regulation A	N/A	s
	Rule 504	N/A	
		N/A	•
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	🗆 s	
	Printing and Engraving Costs	🗆 S	-0-
	Legal Fees	🗆 s.	-0-
	Accounting Fees	a s.	-0-
	Engineering Fees		-0-
	Sales Commissions (specify finders' fees separately)		<u>'-0-</u>
	Other Expenses (identify)		-0-
	Total		-0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROC	EEDS
<ul> <li>b. Enter the difference between the aggregate offering price given in response to Part C tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference "adjusted gross proceeds to the issuer."</li> <li>5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed</li> </ul>	e is the I to be	\$ 100,00
used for each of the purposes shown. If the amount for any purpose is not known, furrestimate and check the box to the left of the estimate. The total of the payments listed mus the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b.	nish an Legual	
and adjusted gross processes as we assess our response to 1 and 6 - Question will	Payments Officers, Directors,	
	Affiliates	
Salaries and fees	os N/A	
Purchase of real estate	□ 5 N/A	
Purchase, rental or leasing and installation of machinery and equipment	□ \$ N / A	
Construction or leasing of plant buildings and facilities		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
Repayment of indebtedness	O S N/A	
Working capital		
Other (specify):\$100,000 used for acreage acquisition		
drilling, testing, plugging and abandonding or		
completing Tracy #1 Well on a turnkey basis.		Пѕ
Column Totals		
Total Payments Listed (column totals added)		0,000
WE A MALE TO SERVICE OF THE SECOND SE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and quest of its staff, the information furnished by the issuer to any non-accredited investor pursues.	d Exchange Commi	ission, upon written re-
Issuer (Print or Type) Signatur	Date	?
Maier Kesources, Inc. Sellain		7-27-02
Name of Signer (Print or Type)  John Maier  Title of Signer (Print or Type)  Resident of	2 in Dec	Orleson )
[(esiment of /	MIG I ICC	0163,400

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230, 262 presently subject to any of the disqualification provisions. Yes No of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Majer Descures, Inc.	Signatu- Marei	9-22-02
Name (Print or Type)	Title (Print or Type)	
John Maier	President	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	<u> </u>	2		3			4	·		5	
	to non-a investor:	to sell ccredited s in State -Item 1)	and ag offering offered	f security ggregate ng price l in state C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)	
State	Yes	No			Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL											
AK				·							
AZ		Χ		est in \$5 <del>000</del> ,	two	\$10,000	-0-	-0-	N/A	N/A	
AR		X_	WEII	ψ3000 ¶	two	\$10,000	-0-	-0-	N/A	N/A	
CA	·										
со		Х	11:	11	two	\$10,000	-0-	-0-	N/A	N/A	
СТ								<del></del>			
DE											
DC											
FL											
GA											
HI											
ID							·				
IL		x	11		two	\$10,000	-0-	-0-	N/A	N/A	
IN											
IA		х	"	. 11	two	\$10,000	-0-	-0-	N/A	_N/A	
KS		х	-11	i ii	two	\$10,000	-0-	-0-	N/A	N/A	
KY											
LA											
ME											
MD											
MA											
MI											
MN											
MS			`								
МО	<u> </u>	X		"	two	\$10,000	)	-0-	N/A	N/A	

APPENDIX

Intend to sell to non-accredited investors in State (Part B-Item 1)	1	2		3	4					5
Non-Accredited   Non-		Intend to sell to non-accredited investors in State		and aggregate offering price offered in state	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
MT         NE							i e			
NE	State	. Yes	No		Investors	Amount	Investors	Amount	Yes	No
NY	MT	ļ	<u> </u>							
NH	NE	<u> </u>								
NJ	NV									
NM	NH		ļ ————							
NY	ĮИ									
NC	NM									
ND OH     X	NY							···		
OH	NC		ļ					·		
OK	ND									
OK	ОН	}	X	4	two	\$10,000	· · O = ·		N/A	N/A
OR         PA           RI         SC           SD         SD           TN         SD           TX         X           "         LWO         \$10,000         0         -0-         N/A         N/A-           VT         VA         WA         WV         WI         WI         WY         WI         WY         WI         WY         WI         WY         WI         WY         WI         WY	ОК		X	1 · · · · · · · · · · · · · · · · · · ·	two	\$10,000	-0-	-0-		
RI SC SD SD TN TX X " " two \$10,000 0 -0- N/A N/A VT VA WA WA WY WI WY WI WY SC SC SC SD SD SC SD	OR			·						
SC   SD   SD   TN   TX   X   "   two   \$10,000   0   -0 - N/A   N/A   UT   VT   VA   WA   WV   WI   WY   WY	PA									
SD	RI						·			
TN	SC							-		
TX	SD									
UT	TN		-							
UT         VT           VT         VA           VA         VA           WA         VA           WV         VA           WI         VA           WY         VA	тх		Х	" "	† WO	\$10.000		-0-	NI/A	N/A
VA	UT					p-1-0 / 0 0 0				<del>-14/ /1</del>
VA         WA           WA         WY           WI         WY	VT									
WY WI WY	VA ·				·					1.
WY WI WY	WA									
WI WY										
WY										
	PR									